

DEC. 13. 2001 3:18PM HOLLAND & KNIGHT
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TO: United States Patent and Trademark Office	TC 1600 Customer Service	703 872-9305
NAME	COMPANY/FIRM	FAX NUMBER
Washington	D.C.	
CITY	STATE	(TELEPHONE NUMBER)
FROM:		
Patrea L. Pabst	404 817-8473	11
NAME	TELEPHONE	TOTAL PAGES (Including Cover Sheet)

MESSAGE: **MAILED/FILED ON NOVEMBER 1, 2001**

Applicant: Brian Lee Sauer and Andreas Walter Rufer

Serial No.: 09/544,045 Art Unit: 1636

Filed: April 6, 2000 Examiner: W. Sandals

For: **"METHOD FOR SELECTING RECOMBINASE VARIANTS WITH ALTERED
SPECIFICITY"**

FOR THE RECORD:

DATE: December 11, 2001 URGGENCY: SUPER RUSH RUSH REGULAR

FAXED BY: FILE #: 078617/00018 CLIENT NAME: OMRF 178

CONFIRMED: YES NO NAME: TIME:

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ATL1 #498719 v1

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The "Received" stamp of the Patent Office imprinted hereon acknowledges the filing of:

Applicants: Brian Lee Sauer and Andreas Walter Rufer

Serial & Docket Nos.: 09/544,045

OMRF 178

Filed: April 6, 2000

Papers Submitted:

Response to Restriction Requirement with Certificate of Mailing Under 37 C.F.R. § 1.8(a); Fee Transmittal (in duplicate); Transmittal Form; Revocation and Power of Attorney of Entire Interest; Statement Under 37 CFR 3.73(b) and authorization to charge/credit deposit order Account No. 50-1868.

Date: November 1, 2001 Client/Matter No.: 078617/00018

By: Patrea L. Pabst, Reg. No. 31,284

ATL1#491163.v1

Docketed for _____

By: SPS _____

Date: 11-9-01 _____

Please type a plus sign (+) inside this box → PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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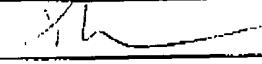
(To be used for all correspondence after initial filing)

		Application Number	09/544,045
		Filing Date	April 6, 2000
		First Named Inventor	Brian Lee Sauer
		Group Art Unit	1636
		Examiner Name	W. Sandals
Total Number of Pages in This Submission		Attorney Docket Number	OMRF 178

ENCLOSURES (check all that apply)

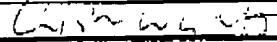
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Statement Under 37 CFR 3.73(b) and Return receipt post-card.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Holland & Knight LLP Patrea L. Pabst, Reg. No. 31,284
Signature	
Date	November 1, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: November 1, 2001

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)-0-

Complete if Known

Application Number	09/544,045
Filing Date	April 6, 2000
First Named Inventor	Brian Lee Sauer
Examiner Name	W. Sandals
Group Art Unit	1636
Attorney Docket No.	OMRF 178

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	50-1868
Deposit Account Name	Holland & Knight LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	138	130	Non-English specification
147	2,520	147	2,520	For filing a request for ex parte reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	300	216	195	Extension for reply within second month
117	600	217	445	Extension for reply within third month
118	1,380	218	685	Extension for reply within fourth month
128	1,890	228	945	Extension for reply within fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Filing a brief in support of an appeal
121	270	221	135	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,240	241	820	Petition to revive - unintentional
142	1,240	242	620	Utility issue fee (or release)
143	440	243	220	Design issue fee
144	600	244	300	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Petitions related to provisional applications
126	240	126	240	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	710	248	355	Filing a submission after final rejection (37 CFR § 1.129(a))
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))
179	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application
Other fee (specify)				

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	63	-63	=	0	x	Fee from below	=	Fee Paid
Independent Claims	1	-1	=	0	x		=	
Multiple Dependent								

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee	Fee Description
103	18	203	9
102	80	202	40
104	270	204	135
109	80	209	40
110	18	210	9

Claims in excess of 20
Independent claims in excess of 3
Multiple dependent claim, if not paid
** Reissue independent claims over original patent
- Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)-0-

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)-0-

SUBMITTED BY

Name (Print/Type)	Patrea L. Pabst	Registration No. (Attorney/Agent)	31,284	Telephone	404 817-8473
Signature				Date	November 1, 2001

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